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HEALTHCARE SERVICES

A Forecast of Competencies Required for Management of Multiple  
Site Healthcare Services:

A Delphi Study of Managers in a Veterans Health Administration  
Integrated System

Andrew M. Welch

U.S. Army - Baylor University

Master's Degree Program in Health Administration

June 21, 2001

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### **Abstract**

Over the past decade integrations and mergers of healthcare have become a common approach to improving efficiency. Management of a department in a single location is certainly challenging and this challenge increases with multiple locations. Management, both at mid-level and top-level, is interested in discovering the factors that might improve the likelihood of effective multisite management. This research provides a scientifically derived and prioritized list of important competencies for success as a manager of multisite healthcare services. The subjects of this study are 61 managers of services in an integrated Veterans Health Administration healthcare system. These managers responded, to two separate rounds of questionnaires using the Delphi method. The first iteration included an open-ended questionnaire asking the participants to provide the five most important competencies for successful management of multisite services and the skills, knowledge, and abilities (SKAs) associated with each listed competency. The first round resulted in 45 respondents who supplied a total of 216 competency phrases and 528 SKA phrases. An expert panel of five of the managers grouped the competency phrases into competency domains. Listed in order of frequency of competency phrase within each group, these domains were: management, communication, interpersonal effectiveness, leadership, professional competence, resource management, personal qualities, personal mastery, and systems thinking. A

total of 36 subdomains were grouped and named by the expert panel. The second Delphi iteration included a structured questionnaire that consolidated the SKAs down to 230 and enabled each to be rated using a seven-point relative importance scale. This questionnaire was reviewed and approved by the expert panel for accuracy and content. According to the results of this iteration, the most important SKAs for successful multisite management of services are based on individual attributes at the interpersonal level while attributes in the area of technical competence were less important. These findings may assist current and future managers as they develop and may assist selecting officials for management positions who wish to increase the chances of success of managers of multisite services.

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A Forecast of Competencies Required for Management of  
Multiple Site Healthcare Services: A Delphi Study of Managers in  
a Veterans Health Administration Integrated System

**Introduction**

In today's healthcare environment change is a fact of life. The mechanics of good management are basically the same across all fields and management officials are challenged more than ever in all industries. Most credible management practices are used effectively across almost every industry. These aspects of management are found both externally and internally in the health services industry (McConnell, 2000). However, in the healthcare industry pressures exist in areas such as reimbursement, compliance, quality of care, and access to care. Challenges to managers are normally magnified because of the fact that services delivered are very personal and frequently may involve life or death situations. The ability of managers to prepare themselves, and others, to be successful in managing multisite services prompted interest in the proposed topic.

There has been much researched and written about mergers and integration of healthcare institutions. However, the majority of this has focused on financial benefits or structural organization of components. There has been little published on the effects of consolidation on department heads or service chiefs. That which has been published is inconclusive. One study suggests that while the response to merger by managers is documented, reports of adversity may be overstated when compared

to other job changes (Crouch & Wirth).

### **Literature Review**

It has been predicted that the future role of the manager in healthcare will include enhanced span of control and increased authority and responsibility, and, thus, greater accountability (McConnell, 2000). There is practically no opinion counter to this statement.

The "matrix organization", as referred to by Steers and Black, is "a product departmentalization superimposed on a functional departmentalization" (Steers and Black, 1991).

As more healthcare leaders are placed in matrixed management structures, it is crucial to discover the specific competencies required to successfully provide services at multiple sites. Specific recommendations are difficult to quantify. Given the ever-changing features of management in the healthcare environment, McConnell predicts that the most valuable characteristics for future managers will be flexibility and adaptability (McConnell, 2000).

Advantages of matrix departmentalization include: increased interdepartmental communication, more flexible use of employees, and better availability of specialized knowledge. Disadvantages are that it is difficult to introduce without broad-based support, it increases role ambiguity, it may reward political skills more than technical skills, and it may create conflict between functional and product subgroups. (Steers and Black, 1991).

While the frequency of consolidations may vary it is accepted that more will occur in both the private and public sectors. What challenges are most prevalent in an integrated healthcare system? What are the competencies required of managers to effectively lead multisite services? What do leaders need to know or be able to do to lead and maintain quality service after corporate reorganization? These questions are difficult to quantify because the work environment, subordinates, and the managers themselves never remain the same.

In order to understand today's environment of consolidation of hospitals and services one must appreciate the logic behind most mergers. Many healthcare organizations have sought to consolidate for the same reasons that multi-unit corporations are formed in other businesses: availability of capital, better response to government regulation, economies of scale, and easier utilization of management practices (Fottler, Hernandez, Joiner, 1998).

In most cases of merger of facilities there were plenty of opportunities to fix imperfect processes. It should not be surprising that despite these opportunities many plans for mergers inadequately or inaccurately addressed the human needs of staff. Also, overly centralized organizations encounter such difficulties as responding to the needs of customers at all locations and effectively empowering managers (Griffith, 1995). Most had difficulty in preparing managers to deal with the adversity associated with managing multiple sites. Often the managers felt they were "serving two masters". Middle managers

were involved in a transition from managing a department to managing a continuum of care that, to a large extent, was provided outside of a single hospital. This required them to focus on a broad community rather than a lone facility. This placed a premium on interpersonal skills and the ability to develop collaborative relationships (Shortell & Kaluzny, 1994).

Another complicating factor for managers is their acceptance of the new world created by the integrated organization. Embracing a unified corporate culture may be difficult for stakeholders at all levels. Despite the appearance of favorable financial rewards a number of mergers in the 1990s have failed due to conflicting organizational cultures (Robbins, 1998). The difficulty of most integrated organizations lies in this clash of cultures. The intent is to develop a new, universal organizational culture but this is quite challenging. Integrations are often unsuccessful because of the failure to recognize the complexity of forming even small integrations (Long, 1998).

Top executives in healthcare should take notice to the competency of their managers since they are dealing with the daily operation of the healthcare system. Furthermore, the accreditation of a healthcare organization may depend on its ability to demonstrate the competency of its management staff. Standards set forth by the Joint Commission on Accreditation of Healthcare Organizations are clear on management's responsibility to identify and respond to the competency needs of all staff, including managers (JCAHO, 2001).

Leadership is a crucial ingredient to any effective organization. A recent article in the Harvard Business Review stated that in 1999 there were over 2,000 books published on leadership (Goffee & Jones). The need for leadership in healthcare administration has never been greater. Critical to any system's success is the presence of strong leadership. Leadership must be capable of communicating change, not only the rationale behind the change but also the sense of urgency to motivate change (Shortell, et al., 2000).

There are studies of healthcare management competencies that might be used for guiding and comparative purposes. These have been used to inform practicing managers and to guide health services management education. A Delphi study of medical practice executives found the most important domains of competencies to be leadership and strategic management. In skills, knowledge, and abilities (SKAs) associated with these domains this study found interpersonal skills and ethical and moral skills to be rated the highest while patient care management and computer skills were rated the lowest (Hudak et al., 1997). A Delphi study reported in 1997 by Hudak, et al. found that medical practice executives felt that communicative and interpersonal competencies were the most important competencies for ambulatory healthcare management (Hudak, et al., 1997)

Another Delphi study ascertained that leadership, communication, consumer responsiveness, and political and health environment awareness as being central to the current practice

of hospital senior management throughout North America (Wenzel et al., 1995). A review of Delphi studies by Hudak, Brooke, and Finstuen identified leadership and resource management as the highest rated management competencies. The highest rated SKAs were related to interpersonal skills and lowest rated SKAs were related to job specific, technical skills (Hudak et al., 2000)

During the 1990's, like most other healthcare organizations, the Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA) initiated numerous consolidations of previously stand-alone facilities. Facility integration was an important part of the organizational strategy to make the VHA a more efficient, patient-centered healthcare system as outlined in the VHA's *Vision for Change* (Kizer, 1995). VHA's facility integrations were accomplished by bringing previously independent facilities together under a single management structure. Since January 1995, forty-eight VA medical centers have been approved for integration into twenty-three healthcare systems (Lukas, et al. 1998).

In 1995 the VA medical centers in Marlin, Temple, and Waco, Texas consolidated to become the Central Texas Veterans Health Care System (CTVHCS). A matrix management structure was established with a single leader for each service. In other words, instead of a service chief at each site for a given service, one individual was now the chief of that service for

all locations. This resulted in significant administrative cost avoidances and savings due to reductions in the number mid-level managers. However, it also brought about numerous challenges to the new "system managers" and with these challenges came the potential need to strengthen certain competencies.

### **Purpose of the Study**

The purpose of this endeavor is to assist managers in becoming more effective as leaders of multisite services. This project should provide a prioritized list of competencies that are identified and scored by the individuals most affected by integrated health system management. In other words, as prioritized by managers of multisite services, what are the most important competencies associated with managing services in a multiple site, VHA, health care system and what skills, knowledge, and abilities are associated with these competencies?

### **Method and Procedures**

There is no assurance that the research completed for this project will be transferable to other integrated healthcare systems. However, since so little information exists on this topic at the level of the study in healthcare it may represent an important starting point for others.

The structure for this study is based on previous studies conducted by the U.S. Army - Baylor University Master's Degree Program in Health Administration. Sixty-one managers in the

CTVHCS were identified as respondents for this Delphi study. The selection of service chiefs, assistant chiefs, program managers, site managers, and top management officials within this health care system integrated in 1995 was intended to provide the best basis of expertise to forecast the most important competencies for managers in an integrated healthcare system.

The Delphi Method is an iterative process that was developed by the RAND Corporation as a scientific and technological tool. It has been used in a many fields for a variety of applications including the forecasting of events, sales, and technological advances (Sackman, 1975). This study consisted of two iterations of the Delphi method with content analysis by an expert panel.

Because of the importance of feedback to participants in a Delphi study, all members of the population, whether they participated or not were given information on the results. In addition, the completed study will be shared in future briefings and will be available to all participants.

### **Ethical Concerns**

The greatest ethical concern of this study was the anonymity of the respondents. For this reason names were not associated with responses. In both rounds confidentiality was addressed in letters of explanation prior to each questionnaire. Additionally, the actual questionnaires of both iterations included information on the confidentiality of the process and

the fact that participation was optional. The first round questionnaires were distributed and gathered during an organizational conference so that respondents could not be individually identified. The second round questionnaires included an addressed envelope that enabled interoffice delivery without respondent identifiers. These actions can be seen in Appendices A and B.

### **Delphi Iteration One, Competencies**

Prior to disseminating the Delphi Round One questionnaire to the respondents an expert panel of five individuals with experience in managing integrated services reviewed it to check it for validity and reliability. This resulted in slight improvements, the most notable of which was the inclusion of definitions of key terms.

In the first round of this Delphi study the respondents were asked to list the most important competencies involved in managing services or programs in a multisite healthcare system and the associated skills, knowledge, and abilities associated with each competency. This was accomplished by distributing a questionnaire with an open-ended question format that asked for the five most important competencies required to be a successful manager of multisite services and then to list the skills, knowledge, and abilities associated with each competency (see Appendix A). This questionnaire included a statement ensuring confidentiality and anonymity. It also stated that participation was voluntary.

Upon receipt of the responses an expert panel of five was gathered to analyze the listed competencies and compile them into meaningful categories based on similarity. These were then ranked based on the number of times the given responses occur. These results were provided to respondents during the second round. For the second phase of this study a structured questionnaire was developed based on the analysis from phase one of the Delphi process.

### **Content Analysis of Competencies**

The handwritten responses, both competencies and SKAs from the first round were typed, verbatim, into a computerized word processing document. An expert panel of five multisite managers assisted in this study by reviewing all competencies and SKAs and grouping the competencies into similar competency domains. The expert panel named the competency domains and when the panel was uncertain about the intent of any competency they used the SKAs to further define the given phrase. This caused some duplication of phrases but kept more closely to the original writer's intent. The expert panel was encouraged to limit duplication of competency phrases to the greatest extent possible. After all competency phrases were grouped into competency domains the domains were ranked by the frequency of competency phrases. Then, the expert panel grouped the competencies within each domain into subdomains of similar responses.

### **Delphi Iteration Two, SKA Ratings**

The second iteration of this Delphi study focused on the respondents' opinions about the relative importance of the SKAs received from the first iteration. This phase of the study was based on the results received from a structured questionnaire with some demographic information. This second questionnaire was provided to the same 61 potential participants as in the first round. Feedback on the results of the first round was provided to all participants as well as the second round questionnaire (see Appendix B).

The development of the second round questionnaire was collaborative between the five member expert panel and the researcher. At the request of the expert panel this researcher combined similar SKA phrases. This resulted in a reduction from 528 to 230 SKA phrases. The SKA phrases were kept as close to the original version as possible. The expert panel was given the 230-SKA questionnaire and a listing of all 528 SKAs and was asked to rate the questionnaire for the degree to which it accurately encompassed all SKA phrases. Each member was asked to respond by using a five point relative rating scale for confidence. This scale ranged from 1 = extremely low confidence to 5 = extremely high confidence. The average of the confidence ratings was 4.6 showing that the five-member panel collectively felt that the SKAs listed in the questionnaire were an accurate depiction of all SKAs received.

Demographic information of interest included participant age, gender, years in healthcare, and years in healthcare

management. Respondents were asked to rate the relative importance of the listed skills, knowledge, and abilities based on a seven-point relative based value scale with 1 indicating "Unimportant" and 7 indicating "Very Important".

## **Results**

### **Delphi Iteration One, Competencies**

The first phase of this study included 45 of 61 participants for a return rate of 73.8 percent. The total number of competencies returned was 216 with associated SKAs numbering 528. In instances where fewer than five competencies were listed all given competencies were used for the study. If greater than five competencies were given the first five were taken, assuming that the respondent provided competencies in order of importance.

The first questionnaire asked each respondent to mark the best answer to describe his position. Choices included: multisite program and supervisory responsibilities, single site program and/or supervisory responsibilities, multisite program responsibilities, multisite top management official, and other. Responses to this question defined the group as being 62.2 percent multisite managers, 20 percent multisite program managers, and 4.4 percent top management responsibilities for a combined 86.6 percent of respondents with multisite responsibilities. The 8.9 percent of single site managers also provide valuable input since they are recipients of the services from the larger group.

Another item that was listed on the first questionnaire asked the respondent to mark a yes or no to whether the competencies listed were different for multisite supervision as opposed to single site supervision. This resulted in 49 percent indicating that the competencies listed were not different and 20 percent indicating that the competencies were different. No answer was received in 31 percent of the cases.

### **Content Analysis of the Competencies**

The expert panel, which consisted of five multisite managers, was instructed to group the competency phrases received from the open-ended questionnaire into competency domains based on similarities between phrases. The expert panel was 80 percent male with average age of 50.2 years. The panel averaged 25 years in healthcare experience and 20.2 years in healthcare management experience. Members of the panel had two bachelor's degrees, one master's degree, one Doctor of Medicine, and one associate's degree. One panelist was board certified in a medical specialty. This group was used as a mechanism to prevent researcher bias and to supply content validity.

The expert panel had grouped and entitled nine competency domains. These domains were, as listed in descending order of total competency phrase frequency were: Management, Communication, Interpersonal Effectiveness, Leadership, Professional Competence, Resource Management, Personal Qualities, Personal Mastery, and Systems Thinking. A total of 36 subdomains were grouped and named by the expert panel.

### **Delphi Iteration Two, SKA Ratings**

The structured questionnaire used in the second round of this study provided respondents the opportunity to give a relative value for each of the 230 SKAs grouped in the nine competency domains. A seven-point importance scale was used with a score of 1 reflecting "unimportant" and a score of 7 reflecting "important". Responses were received from 34 of the 61 potential participants for a response rate of 55.74 percent.

The respondents were 60 percent male and had a mean age of 51.76 (SD 6.52) years. The group had 26.82 (SD 8.50) years of healthcare experience and 15.67 (SD 10.86) years of experience in healthcare management.

The relative value scores for all the SKAs were analyzed using SPSS software for statistics. Each SKA within the nine competency domains received mean scores. Mean scores ranged from a high score of 6.94 to a low score 4.68.

Statistical analysis included an assessment of inter-rater reliability utilizing Cronbach's coefficient alpha (Cronbach, 1951). This provided analysis of the overall agreement of the respondents. Alpha coefficients scores ranged from a high of .9536 for Interpersonal Effectiveness to a low of .8826 for Professional Competence. This indicates that for this group of managers that the SKA ratings were internally consistent. It also indicates that the mean SKA scores for each competency domain were stable.

## Discussion

### Predicted Competencies

This study provides a scientifically derived list of predicted competencies and associated SKAs for successful management of healthcare services in a multisite healthcare system. The competencies identified, in descending order of frequency of grouped competency phrases, are: Management, Communication, Interpersonal Effectiveness, Leadership, Professional Competence, Resource Management, Personal Qualities, Personal Mastery, and Systems Thinking (see Table I). This list of competencies was developed utilizing the input of the group of individuals who most directly deal with the consequences of integration on a daily basis. The study group included service chiefs of administrative, as well as clinical, services. It also included nurse executives, administrators, chief medical officers, and administrative officers.

The competency domain listing in Table II shows that the competencies most needed for successful management of multisite services are management, communication, and interpersonal effectiveness. These three competency domains comprise 54.63 percent of all competency phrases in the study. This is not surprising when one considers the activities of a multisite manager. Multisite managers must manage their processes and people, they must communicate, both vertically and horizontally, and they must be individually influential to successfully do their jobs. These three competencies reflect the "operations"

nature of these positions and the importance of managing endeavors on a day-to-day basis.

### **SKA Requirements**

Having developed a list of the most important competencies for multisite management of services, the next step was to discover the relative importance of the associated SKAs. Table III shows the reliability of the responses using Cronbach's alpha. The nine competency domains ranked in descending order by mean relative SKA importance rating are: Personal Qualities, Personal Mastery, Leadership, Systems Thinking, Interpersonal Effectiveness, Communication, Management, Resource Management, and Professional Competence (see Table III). This is notably different from the competency domain listing by frequency of competency phrases.

The most important SKA in each competency domain was established (see Table IV) and the ranking of the highest ranked and lowest rated SKAs was also established (see Tables V and VI). The highest and lowest eleven SKAs were included since the tenth and eleventh tied for both lists. Otherwise, the listings would have concluded at the tenth SKA. While this study reports the relative importance of the SKAs it should be noted that all SKAs scored at varying levels of importance. The lowest rated SKA was record-keeping skills with a mean score of 4.68.

This analysis indicates that the most important SKAs for a manager of multisite services congregate in the area of interpersonal skills. A positive leader with integrity, who is

loyal to others, and can set priorities based on the big picture, will have a higher likelihood of success as a multisite manager. Specific technical skills appear to be, relatively, less important.

### **Conclusion**

The findings provide a scientifically derived and prioritized list of competencies needed to manage multisite services in an integrated healthcare system as provided by system managers. Additionally, it provides the associated skills, knowledge, and abilities needed as identified by the same managers. Information gathered from the respondents identified them as individuals who are managers of multisite services, multisite programs, or single site functions.

The high scores for interpersonal skills are consistent with other studies of healthcare executives (Hudak et al. 2000). The study suggests that, when considering the elements that increase the likelihood of an individual being effective in management of multisite services "who they are" is more important than "what they do".

The fact that the largest number respondents felt that the competencies they supplied were no more necessary for multisite supervision than for single site supervision may seem mysterious. However, when one examines the competency domains it is less surprising since the domains are universal in their application to effective management. The one domain that may be an exception to this is the systems thinking competency domain.

but it had the lowest frequency of competency phrases.

There are four main areas of utility of this study. The first is that such information could be used to improve the training of current managers. Training could be altered to specifically address the competencies and associated SKAs needed to deal with managing multisite services. Since results of the study predict that competency in basic management and communication are important perhaps more training could be developed in this area.

The second area of utility may be in improving succession planning for mid- and top-level managers. Since integrated healthcare systems have little chance of going away then the development of future leaders should include the identified competencies. Information derived from this study could improve the development of new managers before they assume a role in management.

The third area of possible utility is in the hiring process. If certain competencies and skills, knowledge, and abilities can improve a manager's effectiveness in a multisite system then the hiring/interview process might be modified to concentrate on identifying these qualities. If current selection practices concentrate too much on technical aspects it may be wise make alterations to place more emphasis on interpersonal skills.

The last area of utility may be found by organizations that are just beginning the integration process. If these newly developing health care systems can predict the competencies

associated with successful management of a multisite health care system they may be able to maximize the speed and effectiveness of the integration process. This has the likelihood of contributing to a better overall environment for people in management positions as well those they supervise and, ultimately, the patients they serve. The results of this study suggest that there are particular talents and characteristics of an individual who has a greater probability of being a favorable manager in an integrated system.

This Delphi study imparts initial knowledge into the makings of an effective multisite manager from the collective perspective of the multisite managers. Future studies may focus at levels in the organization above and below the participants of this study. It might be interesting to analyze the differences between what the managers believe are the most important competencies and what their bosses or subordinates believe increase the chance of success.

Table I: Competency Issue Frequencies Grouped by Domain Categories and Subdomains

Competency Domain	Competency Subdomains with Frequencies
Management Total subdomains identified (4) Total frequencies (48)	General Management Skills (22) Organizing (19) Delegating (5) Supervision (2)
Communication Total subdomains identified (4) Total frequencies (39)	Written Communication (18) Verbal Communication (16) Public Relations/Public Speaking (4) Teaching (1)
Interpersonal Effectiveness Total subdomains identified (7) Total frequencies (31)	Teamwork (11) Mediation/Arbitration (7) Fairness (5) Cultural Awareness (4) Involvement at Multiple Sites (2) Acceptance of Feedback (1) Humor (1)
Leadership Total subdomains identified (4) Total frequencies 25	Motivator (10) Coaching/Mentoring (6) Visionary (5) Role Model (4)
Professional Competence Total subdomains identified (3) Total frequencies (20)	Subject Matter Expertise (10) Experience (6) Knowledge of the Tools of the Job (4)
Resource Management Total subdomains identified (4) Total frequencies (17)	Analytical Skills (8) Budgeting (3) Planning (3) Utilization of Personnel (3)
Personal Qualities Total subdomains identified (5) Total frequencies (15)	Ethical Behavior (5) Creativity (3) Decisiveness (3) Organizational Commitment (2) Sense of Humor (2)
Personal Mastery Total subdomains identified (4) Total frequencies (14)	Time Management (6) Flexibility (5) Balance (2) Self Discipline (1)
Systems Thinking Total subdomains identified (1) Total frequencies (7)	Systems Thinking (7)

Table II: Competency Phrase Frequencies and Percentages by Domain

Domain	n	%
Management	48	22.22
Communication	39	18.06
Interpersonal Effectiveness	31	14.35
Leadership	25	11.57
Professional Competence	20	9.26
Resource Management	17	7.87
Personal Qualities	15	6.94
Personal Mastery	14	6.48
Systems Thinking	7	3.24
Total	216	100.00

Table III: SKA Rating Reliabilities by Domain Categories

Multisite Management Domain	SKA Items Rated	Cronbach's Alpha	Mean (SD)
Management	41	0.9051	6.06 (.82)
Communication	26	0.9184	6.08 (.72)
Interpersonal Effectiveness	37	0.9536	6.19 (.72)
Leadership	29	0.9295	6.34 (.49)
Professional Competence	17	0.8826	5.86 (.88)
Resource Management	22	0.8981	5.94 (.65)
Personal Qualities	20	0.9085	6.52 (.43)
Personal Mastery	23	0.9048	6.39 (.49)
Systems Thinking	15	0.8750	6.23 (.52)
Total	230		

Table IV: Descriptive Statistics for the Top-Rated SKA for Each Domain

Domain	SKA Item	Mean (SD)
Management	Communication skills	6.71 (.58)
Communication	Ability to listen	6.62 (.65)
Interpersonal Effectiveness	Ability to gain the trust of staff	6.61 (.63)
Leadership	Has integrity	6.85 (.44)
Professional Competence	Emits confidence	6.45 (.56)
Resource Management	Ability to set priorities	6.75 (.51)
Personal Qualities	Demonstrates integrity	6.94 (.25)
Personal Mastery	Learns from successes and failures	6.70 (.59)
Systems Thinking	Puts organization first, not self or service	6.50 (.86)

Table V: Highest Rated SKAs Needed for Successful Multisite Management

Domain	SKA Item	Mean (SD)
Personal Qualities	Demonstrates integrity	6.94 (.24)
Personal Qualities	Maintains confidentiality of people, issues, etc.	6.88 (.33)
Leadership	Has integrity	6.85 (.44)
Personal Qualities	Loyalty	6.79 (.48)
Management	Communication skills	6.74 (.57)
Management	Ability to be an effective leader	6.74 (.57)
Personal Qualities	Able to see the entire picture	6.74 (.51)
Resource Management	Ability to set priorities	6.73 (.52)
Leadership	Shares information	6.71 (.52)
Leadership	Willingness to admit errors/mistakes	6.71 (.58)
Personal Qualities	Must be positive	6.71 (.46)

Table VI: Lowest Rated SKAs Needed for Successful Multisite Management

Domain	SKA Item	Mean (SD)
Management	Record-keeping skills	4.68 (1.65)
Resource Management	Skill in population (disease) analysis	4.79 (1.32)
Communication	Ability to get ideas across in written journals	5.00 (1.26)
Professional Competence	Academic drive	5.15 (1.21)
Communication	Computer skills	5.21 (1.07)
Management	Ability to train staff	5.24 (.99)
Professional Competence	Able to use basic software	5.26 (1.24)
Professional Competence	Knowledge of adult educational principles	5.29 (.91)
Professional Competence	Clinical experience	5.35 (1.55)
Communication	Grammatical skills	5.35 (1.28)
Management	The ability to be comfortable being mobile	5.35 (1.15)

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**Department of  
Veterans Affairs**

**Memorandum**

**Date:** November 28, 2000

**From:** Director (00)

**Subj:** Delphi questionnaire

**To:** CTVHCS Managers

1. The purpose of this memorandum is to request your support of an interesting project. As you probably know, Andy Welch is currently completing the residency component of the VA supported U.S. Army - Baylor University Masters Degree in Healthcare Administration Program. As his preceptor, I have agreed upon his choice for his graduate management project that is focused on discovering the competencies required to be an effective manager of services that are provided at more than one site.
2. I believe that this information might be helpful to us all. It is surprising that so little research has focused on the managers of integrated facilities and the competencies needed for them to be effective in the challenging world of healthcare management.
3. Although your participation is optional, for this study to be effective your input is crucial. Please take some time to reflect upon your answers and be accurate and honest. Your confidentiality will be honored. No one other than Mr. Welch will view your responses and he will not share information by name with anyone.

DEAN S. BILLIK, FAAMA

**INTEGRATION DELPHI STUDY:**  
**MULTISITE SERVICE MANAGEMENT COMPETENCIES**

Information/Instructions

1. General Information:

The initiating purpose for this study is to allow Andrew Welch the opportunity to complete a Graduate Management Project to meet one of the requirements of the U.S. Army – Baylor University Graduate program in Healthcare Administration.

2. Background:

Merger, consolidation, and integration of stand alone healthcare institutions have occurred at a significant rate over the past decade. As these integrations have occurred in the Veterans Health Administration all staff have been influenced. One group that has been particularly affected is mid-level managers. The challenge this group faces is exceptional.

3. Purpose of the Study:

This is a study utilizing the Delphi Method to forecast the required competencies and associated skills, knowledge, and abilities to be an effective manager of a service or program in a multisite healthcare system. Currently, the published information written from the point of view of the manager is scarce. Top management has begun to inquire about the actions needed to develop the organization's current and future managers.

4. Delphi Method:

The Delphi Method is an iterative process that was developed by the RAND Corporation as a scientific and technological tool. It has been used in a many fields for a variety of applications including the forecasting of events, sales, and technological advances. In this first round each respondent will be asked an open-ended question that will allow the opinion of the respondent to be given. A later round will allow respondents the opportunity to rank the relative importance of the responses. Each round of the process takes only a few minutes to complete.

5. Confidentiality:

Please provide your answers honestly and accurately. All information will be kept confidential and only aggregated information will be documented or discussed. Individual identifiers will be removed.

6. Results:

All potential participants will receive a summary of the final results. These results might help the organization to better understand what competencies managers need to be successful in an integrated healthcare system.

7. Definitions:

Competency- A condition of being well qualified or capable. For example, sewing is a competency required of a tailor.

Manager- For the purposes of this study, one who is in charge of the delivery of services. This could entail either management of people or of the program. For example, most Service Chiefs manage both staff and the overall services/programs while many Administrative Officers have program responsibilities but directly supervise few, if any, employees.

# INTEGRATION DELPHI STUDY:

## MULTISITE SERVICE MANAGEMENT COMPETENCIES

- Your participation is optional. There is no mandatory requirement for you to participate.
- Please make your responses legible.
- List the 5 most important competencies required to be a successful manager of multisite services and then list the skills, knowledge, and abilities (SKA's) associated with each competency.
- The competencies and associated SKA's do not have to be in order of importance.
- Your participation is **greatly appreciated**.

Please mark the single response that best describes you: \_\_\_\_\_ Multisite Program and Supervisory Responsibilities (i.e. Service Chief) \_\_\_\_\_ Single Site Program and/or Supervisory Responsibilities (i.e. Site Manager) \_\_\_\_\_ Multisite Program Responsibilities (i.e. Administrative Officer) \_\_\_\_\_ Multisite Top Management Official \_\_\_\_\_ Other, describe

Name (optional) \_\_\_\_\_

Competencies (5 most important)	Associated Skills, Knowledge, and Abilities
Example: Writing	Example: Grammatical skills Ability to type Spelling knowledge Ability to organize thoughts and ideas

Please see the next page for more space, if needed, and to provide input on one last question.

Competencies (5 most important)	Associated Skills, Knowledge, and Abilities

Is this mix of competencies for success different in multisite supervision than single site supervision? \_\_\_\_\_ Yes or \_\_\_\_\_ No  
 If yes, what competencies are different?

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** May 14, 2001

**From:** Director (00)

**Subj:** Second Delphi questionnaire for managers

**To:** CTVHCS Managers

1. Andrew M. Welch, an Administrative Resident in the U.S. Army-Baylor University Graduate Program in Healthcare Administration, is continuing a research project entitled "A Forecast of Required Competencies for Multi-Site Managers in a VHA Integrated Healthcare System". Please take a moment to read the attached material and participate in this second, and final, questionnaire. It is not necessary to have participated in the first questionnaire to complete the second questionnaire. The purpose of this study is to identify the competencies and skills, knowledge, and abilities (SKA's) needed for success of multi-site management of services and programs.

2. You were selected as a participant because of your role and/or perspective in the management of multi-site services in CTVHCS. This study is important because it has the potential to influence the training, development, and selection of future multi-site managers in our organization. I have found the results of the first round provided valuable insight as to what CTVHCS managers think makes a successful multi-site manager.

3. Note that this is not a survey but rather an effective means of assessing the judgment of a group of experts. Your responses will be kept confidential. Individual responses will not be identified and participation is voluntary.

4. I thank you in advance for your time and participation in this project. The first iteration of this Delphi study had a response rate of 82 percent, an excellent return rate. Questions or comments should be directed to Andrew Welch, at extension 5426.

Dean S. Billik, FAAMA

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** May 14, 2001

**From:** Administrative Resident (00A)

**Subj:** Graduate Management Project

**To:** CTVHCS Managers

1. This correspondence represents the continuance of my efforts to complete a Graduate Management Project as part of the requirements for the U.S. Army-Baylor University Graduate Program in Healthcare Management.

2. Attached to this correspondence are two attachments. Hopefully, you will find this aggregation of your responses interesting. The first attachment is the Round 2 questionnaire. It is very important to complete this questionnaire in order to provide significant information from the study. The second is the results of the Round 1 questionnaire.

**Please complete the Round 2 Questionnaire and return it to:**

**Andy Welch (00A)**

Andrew M. Welch, CHE

Attachments: 1. Questionnaire 2  
2. Round 1 Results

## QUESTIONNAIRE 2: A Forecast of Required Competencies for Multi-Site Managers in a VHA Integrated Healthcare System

The individual information that you provide will be kept confidential. Your anonymity is considered essential. Participation is voluntary.

Please complete and return this with all subsequent pages on or before May 29, 2001 to:

**Andy Welch, CTVHCS Director's Office (00A)**

**THANK YOU!**

Please provide some background information:

Gender (circle one): Male    Female

Age (years): \_\_\_\_\_

Experience in Healthcare (years): \_\_\_\_\_

Healthcare Management Experience (years): \_\_\_\_\_

Instructions for Delphi Questionnaire 2:

Circle the number that best indicates how you would score each SKA phrase in terms of relative importance as each relates to multi-site management in terms of the Competency Domain. For example the first SKA under Competency Domain 1: Management, "Ability to keep track of projects and deadlines", should be given a relative importance score as it pertains to the competency of "Management" for a manager of multi-site services in a healthcare system. Please ensure your answers are clearly marked.

### **Competency Domain 1: Management**

Skill, Knowledge, or Ability	Relative Importance Rating: 1=Unimportant, 4=Neither Important Nor Unimportant, 7=Very Important						
1. Ability to keep track of projects and deadlines	1	2	3	4	5	6	7
2. Ability to set priorities for self and others	1	2	3	4	5	6	7
3. Ability to delegate	1	2	3	4	5	6	7

4. Flexibility	1	2	3	4	5	6	7
5. Communication skills	1	2	3	4	5	6	7
6. Record-keeping skills	1	2	3	4	5	6	7
7. Team building Skills	1	2	3	4	5	6	7
8. Ability to generate organizational ideas	1	2	3	4	5	6	7
9. Ability to direct employees	1	2	3	4	5	6	7
10. Ability to be an effective leader	1	2	3	4	5	6	7
11. Ability to plan efficiently, and implement delivery of services	1	2	3	4	5	6	7
12. Skill in education of staff	1	2	3	4	5	6	7
13. Reasoning skills	1	2	3	4	5	6	7
14. Ability to understand personal relations/human tendencies	1	2	3	4	5	6	7
15. Ability to trust	1	2	3	4	5	6	7
16. Willing to give up power	1	2	3	4	5	6	7
17. Ability to recognize and predict trends of which depicts the organization is moving	1	2	3	4	5	6	7
18. Skill in effective use of new technology to make job more efficient	1	2	3	4	5	6	7
19. The ability to be comfortable being mobile	1	2	3	4	5	6	7
20. Time management skills	1	2	3	4	5	6	7
21. Ability to set goals	1	2	3	4	5	6	7
22. Ability to establish workable action plans	1	2	3	4	5	6	7
23. Knowledge of processes	1	2	3	4	5	6	7
24. Ability to present organization issues	1	2	3	4	5	6	7
25. Ability to evaluate current procedures and identify duplication or unnecessary steps	1	2	3	4	5	6	7
26. Skill in assessing the needs of service/program across all sites versus just those of one specific site	1	2	3	4	5	6	7
27. Ability to see the big picture	1	2	3	4	5	6	7

28. Knowledge of Human Resources regulations and policies	1	2	3	4	5	6	7
29. Supervisory skills	1	2	3	4	5	6	7
30. Ability to develop criteria to evaluate the performance of staff at the multi-sites.	1	2	3	4	5	6	7
31. Ability to mentor and guide the process	1	2	3	4	5	6	7
32. Ability to train staff	1	2	3	4	5	6	7
33. Skill in holding staff meetings	1	2	3	4	5	6	7
34. The ability to always be available to your people	1	2	3	4	5	6	7
35. Train employees to make right decision	1	2	3	4	5	6	7
36. Ability to instill confidence in subordinates	1	2	3	4	5	6	7
37. Ability to research for past and future rules and to know who or where to find answers	1	2	3	4	5	6	7
38. Objectivity	1	2	3	4	5	6	7
39. Must be able to bridge the gap and be able to talk with a wide variety of people who you do not see on a regular basis to get the assistance you need	1	2	3	4	5	6	7
40. Understands mission and goals	1	2	3	4	5	6	7
41. Ability to identify staff for the right job and allow independent work.	1	2	3	4	5	6	7

### **Competency Domain 2: Communication**

1. Ability to write clearly to develop memos, directives, E-mail messages, etc.	1	2	3	4	5	6	7
2. Ability to listen	1	2	3	4	5	6	7
3. Ability to articulate ideas, goals, directions	1	2	3	4	5	6	7
4. Ability to communicate with individuals at all levels, including families and patients, staff, other facilities, etc.	1	2	3	4	5	6	7
5. Be able to give influential presentations	1	2	3	4	5	6	7
6. Ability to connect with people	1	2	3	4	5	6	7
7. Computer skills	1	2	3	4	5	6	7

8. Grammatical skills	1	2	3	4	5	6	7
9. Able to get peoples attention, and obtain their confidence	1	2	3	4	5	6	7
10. Able to project ideas and long range plans on to subordinate staff	1	2	3	4	5	6	7
11. Critical thinking for analyzing issues	1	2	3	4	5	6	7
12. Telephone skills	1	2	3	4	5	6	7
13. Problem solving skills	1	2	3	4	5	6	7
14. Ability to relate goals as well as a plan to reach them	1	2	3	4	5	6	7
15. Skill in keeping staff up to date	1	2	3	4	5	6	7
16. Willingness to communicate	1	2	3	4	5	6	7
17. Ability to translate outside communication in terms related to the mission of the service.	1	2	3	4	5	6	7
18. Ability to be articulate	1	2	3	4	5	6	7
19. Ability to communicate service plans/goals vertically (to and from upper management/supervised staff) and horizontally (within service and between services)	1	2	3	4	5	6	7
20. Negotiation skills	1	2	3	4	5	6	7
21. Subject knowledge	1	2	3	4	5	6	7
22. Ability to keep large number of staff at multiple sites informed	1	2	3	4	5	6	7
23. Skill in promoting cohesiveness and a sense of common purpose	1	2	3	4	5	6	7
24. Ability to make sure that people understand you	1	2	3	4	5	6	7
25. Able to conduct productive meetings	1	2	3	4	5	6	7
26. Ability to get ideas across in written journals	1	2	3	4	5	6	7

### **Competency Domain 3: Interpersonal Effectiveness**

1. Ability to listen to all sided on an issue, form a consensus and resolve the issue	1	2	3	4	5	6	7
2. Persuasiveness	1	2	3	4	5	6	7

3. Social and psychological knowledge	1	2	3	4	5	6	7
4. Ability to resolve conflict between higher level management and subordinate managers and employees	1	2	3	4	5	6	7
5. Ability to listen to all points of view	1	2	3	4	5	6	7
6. Ability to keep the greater goal in mind	1	2	3	4	5	6	7
7. Ability to compromise	1	2	3	4	5	6	7
8. Interest and understanding of cultural diversity	1	2	3	4	5	6	7
9. Open communication skill	1	2	3	4	5	6	7
10. Understanding of learning styles	1	2	3	4	5	6	7
11. Recognition and understanding of personality differences/styles	1	2	3	4	5	6	7
12. Ability to recognize conflict	1	2	3	4	5	6	7
13. Ability to gain support of policies credibility established and expected	1	2	3	4	5	6	7
14. Ability to gain the trust of staff	1	2	3	4	5	6	7
15. Able to trust others and their judgment	1	2	3	4	5	6	7
16. Ability to perceive, identify and manage emotions.	1	2	3	4	5	6	7
17. Ability to view self as a team player/leader – not dictator	1	2	3	4	5	6	7
18. Must be able to see big picture.	1	2	3	4	5	6	7
19. Be able to manage conflict	1	2	3	4	5	6	7
20. Can identify and resolve operational problems between services	1	2	3	4	5	6	7
21. Possesses good administrative judgment	1	2	3	4	5	6	7
22. Ability to integrate geographically separate teams into a shared service mentality	1	2	3	4	5	6	7
23. Realization that employees are all individuals	1	2	3	4	5	6	7
24. Ability to be fair and reasonable	1	2	3	4	5	6	7

25. Ability to be compassionate	1	2	3	4	5	6	7
26. Has a good sense of humor	1	2	3	4	5	6	7
27. Patience to allow things time to work	1	2	3	4	5	6	7
28. Ability to motivate staff	1	2	3	4	5	6	7
29. Collaborates with others	1	2	3	4	5	6	7
30. Recognizes others	1	2	3	4	5	6	7
31. Honors commitments	1	2	3	4	5	6	7
32. Skill to adapt to all situations	1	2	3	4	5	6	7
33. Open to hearing criticism	1	2	3	4	5	6	7
34. Doesn't need to be liked	1	2	3	4	5	6	7
35. Doesn't show favoritism	1	2	3	4	5	6	7
36. The ability to negotiate with several "customers" on multi-faceted concerns or issues	1	2	3	4	5	6	7
37. Has a friendly attitude	1	2	3	4	5	6	7

#### **Competency Domain 4: Leadership**

1. Ability to guide – set direction	1	2	3	4	5	6	7
2. Celebrate successes and failures	1	2	3	4	5	6	7
3. Encourages new ideas	1	2	3	4	5	6	7
4. Shares information	1	2	3	4	5	6	7
5. Demonstrates commitment to others	1	2	3	4	5	6	7
6. Empowers and trusts others	1	2	3	4	5	6	7
7. Develops leadership skills throughout organization	1	2	3	4	5	6	7
8. Develops team processes	1	2	3	4	5	6	7
9. Promotes lifelong learning	1	2	3	4	5	6	7
10. Works to accomplish organizational goals	1	2	3	4	5	6	7
11. Mentor others	1	2	3	4	5	6	7
12. Knowledge of Leadership principles	1	2	3	4	5	6	7

13. Ability to set priorities	1	2	3	4	5	6	7
14. Ability to evaluate and refine products/processes	1	2	3	4	5	6	7
15. Ability to effectively interview and select staff to carry out organization roles/functions	1	2	3	4	5	6	7
16. Leads by example	1	2	3	4	5	6	7
17. Investigates before taking action	1	2	3	4	5	6	7
18. Has integrity	1	2	3	4	5	6	7
19. Willingness to admit errors/mistakes	1	2	3	4	5	6	7
20. Ability to positively redirect unproductive staff and strengthen their skills	1	2	3	4	5	6	7
21. Ability to encourage	1	2	3	4	5	6	7
22. Develops strategic plans to support those goals	1	2	3	4	5	6	7
23. Ability to see clearly how all sites fit in overall mission	1	2	3	4	5	6	7
24. Ability to quantify and measure outcomes	1	2	3	4	5	6	7
25. Committed to mission	1	2	3	4	5	6	7
26. Inspires others to mission	1	2	3	4	5	6	7
27. To be highly motivated	1	2	3	4	5	6	7
28. Provides feedback to employees reinforcing positive outcomes	1	2	3	4	5	6	7
29. Has skill in being objective	1	2	3	4	5	6	7

#### **Competency Domain 5: Professional Competence**

1. Able to use basic software: Work, Excel, PowerPoint	1	2	3	4	5	6	7
2. Ability to define and evaluate service standards for quality and efficiency.	1	2	3	4	5	6	7
3. Understanding of technical aspects of the service delivered	1	2	3	4	5	6	7
4. Ability to adopt to new technology and procedures	1	2	3	4	5	6	7
5. Competency to understand medical issues as they relate to medical care.	1	2	3	4	5	6	7
6. Knowledge of adult educational principles	1	2	3	4	5	6	7

7. Skill in functioning in a health care setting	1	2	3	4	5	6	7
8. Knowledge of health care providers	1	2	3	4	5	6	7
9. Ability to identify patient/clinic flow	1	2	3	4	5	6	7
10. Must be able to understand complex issues quickly	1	2	3	4	5	6	7
11. Must be able to separate good information from varied data	1	2	3	4	5	6	7
12. Clinical experience	1	2	3	4	5	6	7
13. Academic drive	1	2	3	4	5	6	7
14. Formal education	1	2	3	4	5	6	7
15. Knowledge of current trends and practices	1	2	3	4	5	6	7
16. Up to date knowledge and technical skills	1	2	3	4	5	6	7
17. Emits confidence	1	2	3	4	5	6	7

#### **Competency Domain 6: Resource Management**

1. Knowledge of mechanics of merit promotion	1	2	3	4	5	6	7
2. Ability to prepare job descriptions	1	2	3	4	5	6	7
3. Ability to prepare competency descriptions	1	2	3	4	5	6	7
4. Ability to operationalize goals	1	2	3	4	5	6	7
5. Ability to project services, needs, market	1	2	3	4	5	6	7
6. Able to predict impact of new services and skills in staff	1	2	3	4	5	6	7
7. Market analysis skills	1	2	3	4	5	6	7
8. Maintains fiscal stability and takes corrective action	1	2	3	4	5	6	7
9. Skill in viewing the overall picture	1	2	3	4	5	6	7
10. Ability to develop and utilize a valid data collection system	1	2	3	4	5	6	7
11. Skill in population (disease) analysis	1	2	3	4	5	6	7
12. Understanding overriding corporate/national goals	1	2	3	4	5	6	7

13. Understanding of utilization management principles	1	2	3	4	5	6	7
14. Ability to multi-task	1	2	3	4	5	6	7
15. Ability to set priorities	1	2	3	4	5	6	7
16. Skill in using statistical applications	1	2	3	4	5	6	7
17. Ability to read/understand financial statements	1	2	3	4	5	6	7
18. Ability to measure workload	1	2	3	4	5	6	7
19. Knowledge of budget controls	1	2	3	4	5	6	7
20. Data collection skills	1	2	3	4	5	6	7
21. Data interpretation/analysis skills	1	2	3	4	5	6	7
22. Skill in reporting information into appropriate hospital committees	1	2	3	4	5	6	7

#### **Competency Domain 7: Personal Qualities**

1. Demonstrates integrity	1	2	3	4	5	6	7
2. Maintains confidentiality of issues, people, etc.	1	2	3	4	5	6	7
3. Builds a consensus, but makes firm decisions	1	2	3	4	5	6	7
4. Humor	1	2	3	4	5	6	7
5. Passion	1	2	3	4	5	6	7
6. Confidence	1	2	3	4	5	6	7
7. Entrepreneurial spirit	1	2	3	4	5	6	7
8. Commitment to the mission of the organization	1	2	3	4	5	6	7
9. Loyalty	1	2	3	4	5	6	7
10. Discipline	1	2	3	4	5	6	7
11. Ability to communicate a sense of stability as the rest of the organization may be in chaos	1	2	3	4	5	6	7
12. Must be positive	1	2	3	4	5	6	7
13. Able to see the entire picture	1	2	3	4	5	6	7
14. Ability to incorporate fun into work while accomplishing task	1	2	3	4	5	6	7
15. Imagination	1	2	3	4	5	6	7

16. Ingenuity	1	2	3	4	5	6	7
17. Involving staff in processes	1	2	3	4	5	6	7
18. Keeping perspective of priorities	1	2	3	4	5	6	7
19. Ability to receive information and data in an open attitude in order to make informed decisions	1	2	3	4	5	6	7
20. Ability to sort perception from reality	1	2	3	4	5	6	7

### **Competency Domain 8: Personal Mastery**

1. Assumes responsibilities for personal development	1	2	3	4	5	6	7
2. Manages personal time, physical and emotional health	1	2	3	4	5	6	7
3. Seeks feedback from others	1	2	3	4	5	6	7
4. Improves behavior based on feedback	1	2	3	4	5	6	7
5. Learns from successes and failures	1	2	3	4	5	6	7
6. Maintains good boundaries between staff/others	1	2	3	4	5	6	7
7. Sets goals and meets them	1	2	3	4	5	6	7
8. Subject area knowledge (expert)	1	2	3	4	5	6	7
9. Ability to coordinate programs	1	2	3	4	5	6	7
10. Time management abilities	1	2	3	4	5	6	7
11. Sound decision-making abilities	1	2	3	4	5	6	7
12. Emotional stability	1	2	3	4	5	6	7
13. Confidence	1	2	3	4	5	6	7
14. Ability to react quickly to a problem at any site	1	2	3	4	5	6	7
15. Discipline to follow your own plans and goals	1	2	3	4	5	6	7
16. Appreciates others ideas	1	2	3	4	5	6	7
17. Manages multiple projects and stays timely	1	2	3	4	5	6	7
18. Quick thinker	1	2	3	4	5	6	7
19. Ability to be innovative	1	2	3	4	5	6	7

20. Tolerates differences/builds on diversity	1	2	3	4	5	6	7
21. Responds appropriately to change	1	2	3	4	5	6	7
22. Skill in handling multiple tasks	1	2	3	4	5	6	7
23. Ability to change methods of doing things	1	2	3	4	5	6	7

### **Competency Domain 9: Systems Thinking**

1. Ability to comprehend and apply various programmatic requirements/processes	1	2	3	4	5	6	7
2. Ability to identify correlation's of activities between services	1	2	3	4	5	6	7
3. Understanding and application of risk management principles	1	2	3	4	5	6	7
4. Understanding and application of Quality Management principles	1	2	3	4	5	6	7
5. Visionary	1	2	3	4	5	6	7
6. Appreciates looking at challenges	1	2	3	4	5	6	7
7. Ability to relate abstract concepts	1	2	3	4	5	6	7
8. Ability to learn from changing environment	1	2	3	4	5	6	7
9. Ability to plan in conjunction with overall goals and objectives of organization	1	2	3	4	5	6	7
10. Understanding overall VA mission with veterans as well as understand political landscape in US largest health care system.	1	2	3	4	5	6	7
11. Appreciates consequences of actions on other parts of the organization	1	2	3	4	5	6	7
12. Thinks in context	1	2	3	4	5	6	7
13. Focuses on core business of the organization	1	2	3	4	5	6	7
14. Ability to comprehend individual sites needs, cultures, strengths, and how those fit into a large framework	1	2	3	4	5	6	7
15. Puts organization first, not self or service	1	2	3	4	5	6	7

Dear Experts:

I have developed some figures and a table to describe the results of the first iteration. Descriptions of these are listed below:

Figure 1 represents the results of how the participants classified themselves in relation to their job. It shows that a clear majority (62.2%) of the respondents consider themselves "Multi-Site Managers".

Figure 2 shows the results to whether the competencies that each participant listed were different for multi-site supervision as opposed to single site supervision. In this case, 49% of the participants indicated that there was no difference and only 20% indicated that there was a difference.

Table 1 provides a listing of the competency domains as aggregated and described by the Expert Panel. It also shows the frequencies of the competencies and skills, knowledge, and abilities.

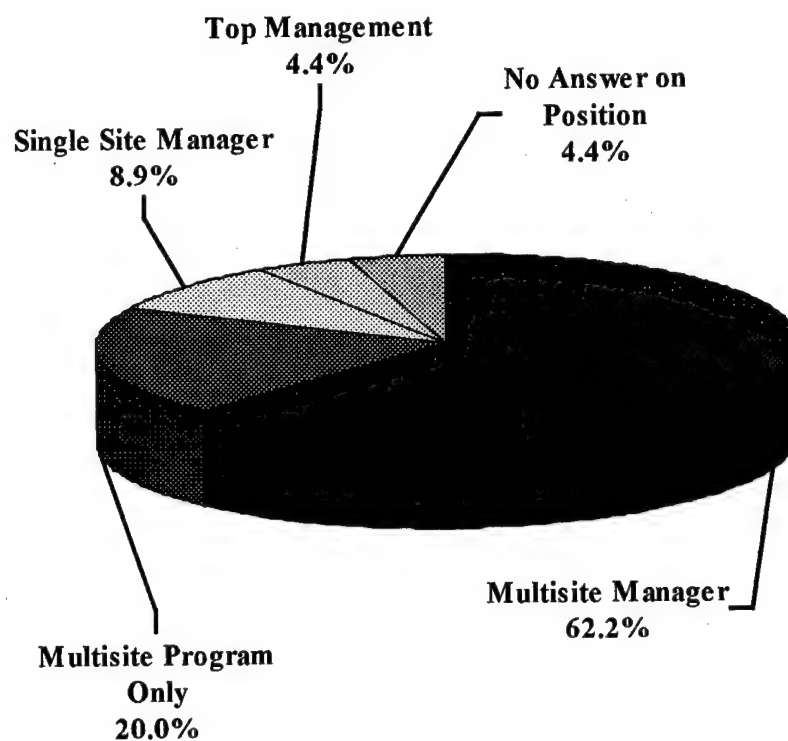
Figure 3 is the charted results of the frequency of competencies and SKA's.

Figure 4 is a pie chart of the total competencies with the percentage for each Competency Domain.

Thank You!

Andrew M. Welch

# Respondents' Self Description of Position

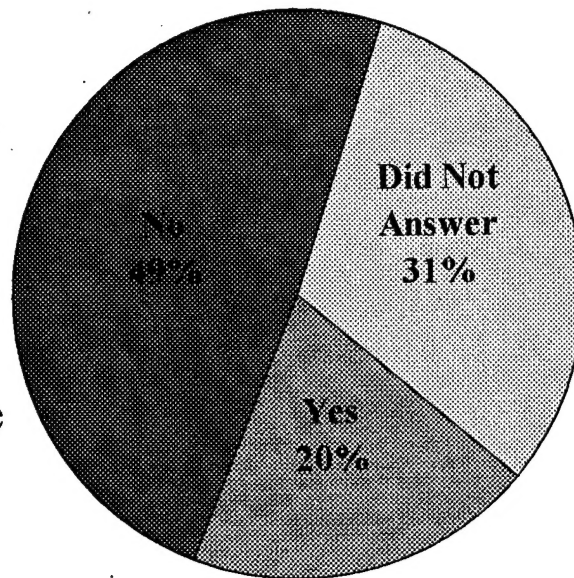


n=45

Figure 1

## Difference Between Multi-Site and Single Site

“Is this mix of competencies different in multi-site supervision than single site supervision?”



n=45

Figure 2

An Expert Panel of five of the original participants grouped the 216 competencies into Competency Domains. These results are listed below.

Table 1: Round 1 Summary

<b>Competency Domains</b>	<b>Competencies Identified</b>	<b>Frequency</b>	<b>SKA Items to be rated</b>	<b>Frequency</b>
Management	4	48	41	106
Communication	4	39	26	106
Interpersonal Effectiveness	7	31	37	79
Leadership	4	25	29	61
Professional Competence	3	20	17	34
Resource Management	4	17	22	50
Personal Qualities	5	15	20	31
Personal Mastery	4	14	23	43
Systems Thinking	1	7	15	18
<b>Total= 9</b>	<b>36</b>	<b>216</b>	<b>230</b>	<b>528</b>

**Competency Domains with Subdomains:**

**Management 48**

1. General Management Skills (22)
2. Organizing (19)
3. Delegating (5)
4. Supervision (2)

**Communication 39**

1. Written Communication (18)
2. Verbal Communication (16)
3. Public Relations/Public Speaking (4)
4. Teaching (1)

**Interpersonal Effectiveness 31**

1. Teamwork (11)
2. Mediation/Arbitration (7)
3. Fairness (5)
4. Cultural Awareness (4)
5. Involvement at Multiple Sites (2)
6. Acceptance of Feedback (1)
7. Humor (1)

**Leadership 25**

1. Motivator (10)
2. Coaching/Mentoring (6)
3. Visionary (5)
4. Role Model (4)

**Professional Competence 20**

1. Subject Matter Expertise (10)
2. Experience (6)
3. Knowledge of the Tools of the Job (4)

**Resource Management 17**

1. Analytical Skills (8)
2. Budgeting (3)
3. Planning (3)
4. Utilization of Personnel (3)

**Personal Qualities 15**

1. Ethical Behavior (5)
2. Creativity (3)
3. Decisiveness (3)
4. Organizational Commitment (2)
5. Sense of Humor (2)

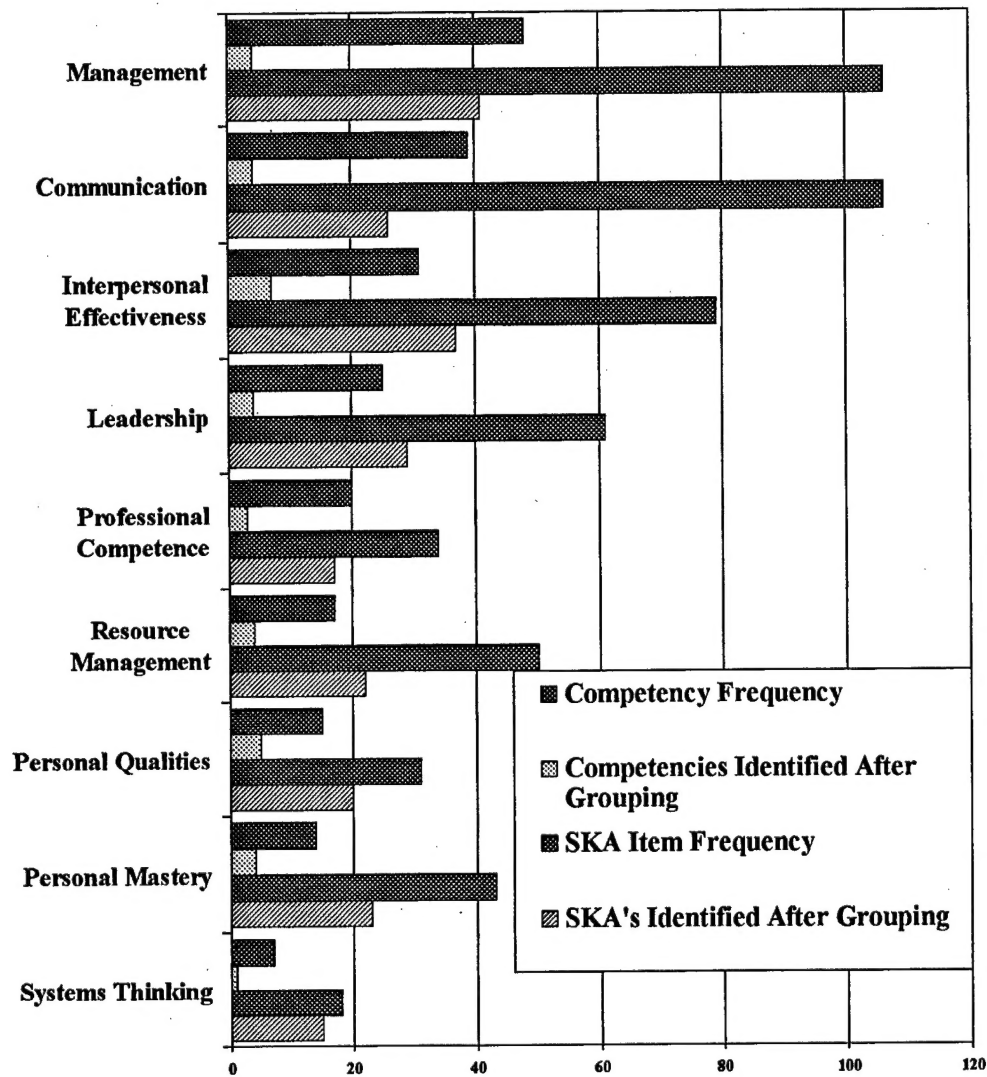
**Personal Mastery 14**

1. Time Management (6)
2. Flexibility (5)
3. Balance (2)
4. Self Discipline (1)

**Systems Thinking 7**

1. Systems Thinking (7)

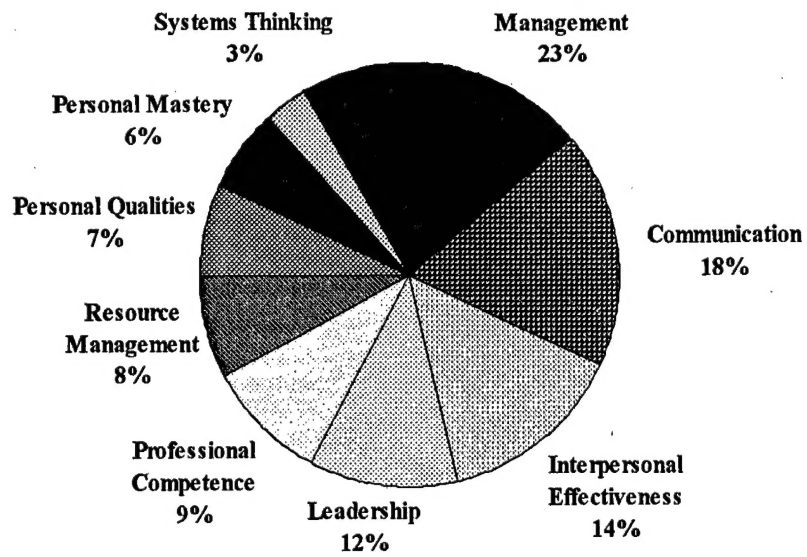
# Charted Results



n =45 participants and 216 total competencies

Figure 3

## Frequencies of Competencies



n=45 participants and 216 total competencies

Figure 4